



02-17-04

HDP/SB/21 based on PTO/SB/21 (08-00)

AP/37285

Please type a plus sign (+) inside this box →

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/007,147
		Filing Date	November 12, 2001
		First Named Inventor	Cooper et al
		Group Art Unit	3728
		Examiner Name	Luan K. Bui
Total Number of Pages in This Submission		Attorney Docket Number	0275S-000514

### ENCLOSURES (check all that apply)

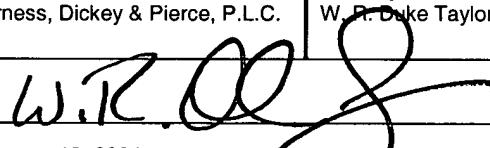
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  return receipt postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 02-2548. A duplicate copy of this sheet is enclosed.

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FEB 24 2004

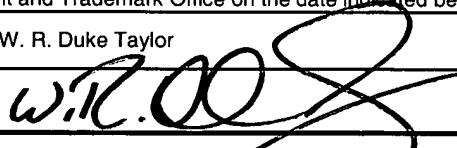
TECHNOLOGY CENTER R3700

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.		Attorney Name W. R. Duke Taylor	Reg. No. 31,306
Signature				
Date	February 13, 2004			

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Signature		Date	February 13, 2004

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JC109

# FEE TRANSMITTAL for FY 2004

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 330
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*Complete if Known*

Application Number	10/007,147
Filing Date	November 12, 2001
First Named Inventor	Cooper et al
Examiner Name	Luan K. Bui
Group / Art Unit	3728
Attorney Docket No.	0275S-000514

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**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money  Other  None  
Order

Deposit Account:

Deposit Account Number  
02-2548

Deposit Account Name  
Black & Decker (U.S.) Inc.

The Commissioner is authorized to: (check all that apply)  
 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$)</b> 0	
<b>2. EXTRA CLAIM FEES</b>			
Total Claims	-20 ** = 0	Extra Claims X 0 = 0	Fee from below
Independent Claims	-3 ** = 0	X 0 = 0	Fee Paid
Multiple Dependent		X 0 = 0	
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>		<b>(\$)</b> 0	
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			<b>SUBTOTAL (3)</b>
			<b>(\$)</b> 330

\*\*or number previously paid, if greater; For Reissues, see above

<b>SUBMITTED BY</b>		<i>Complete (if applicable)</i>			
Name (Print/Type)	W. R. Duke Taylor	Registration No. Attorney/Agent	31,306	Telephone	248-641-1600
Signature	<i>W.R.D.T.</i>			Date	February 13, 2004

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**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/007,147

Filing Date: November 12, 2001

Applicants: Cooper et al

Group Art Unit: 3728

Examiner: Luan K. Bui

Title: Power Tool Carrying Case

Attorney Docket: 0275S-000514

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**RESPONSIVE AMENDMENT AFTER FINAL**

Sir:

In response to the Office Action mailed November 18, 2003, please consider the following.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 9 of this paper.